

ADDL - Address List

This screen displays, in reverse chronological order, a history of addresses associated to a specific person in the system. If a “Y” is displayed in the DIR column, directions have been added on the address detail.

```
CAFSADDL                      ADDRESS LIST                      08/04/2005    9:56
USER ID : CS4566                                     PAGE NO:    1
CAPS ID : 00002081    46    NAME: HARTLEY, JESSICA

TO SELECT, ENTER I=INQUIRE, M=MODIFY OR D=DELETE

      START
SEL  DATE    ACT TYP  ADDRESS                      CITY                      ST    DIR
_   08/01/05    Y    R   1119 GLACIER PARK HOM    ZIEGLAR                      MT    Y

                                                                    PATH:
```

ADDD - Address Detail

This screen is used to display, modify or add information about an address for a specific person in the system. Directions may also be added for residential addresses. FINALIST - Post office verification software, will verify all addresses. The screen will display the date and name of the worker that last updated the screen.

```
CAFSADDD                ADDRESS DETAIL                08/04/2005    9:57
USER ID : CS4566        MODIFY
CAPS ID : 00002081      46    NAME: HARTLEY, JESSICA

                                LAST UPDT: 08/04/2005 BY: CS4566    REYNOLDS, MARY
ADDRESS TYPE   : R        RESIDENCE (PHYSICAL)
WHOSE ADDRESS  : BMR      BIRTH MOTHER
ADDRESS LINE1  : 1119    GLACIER PARK HOMES
                LINE2 :
CITY           : ZIEGLAR
STATE          : MT      ZIP CODE : 59721 -
FOREIGN ADDR   :
COUNTRY        :
                CANADIAN PROV:
COUNTY        : 46      SHERIDAN
TELEPHONE      : 406 682-9186

START DATE     : 08/01/2005    END DATE : 99/99/9999

DIRECTIONS     : THIS AREA CAN BE USED TO ENTER DIRECTIONS, ADDITIONAL PHONE
                : NUMBERS, OR TO IDENTIFY POTENTIALLY DANGEROUS SITUATIONS.
                :

                                                    PATH:
```

ADOD - Adoption Detail

This screen is used to add, modify or display adoption placement information for a specific client. Central Office staff will also use the bottom portion of the screen to enter additional adoption details as well as adoption subsidy request information.

```
CAFSADOD                                ADOPTION DETAIL                                04/08/2011    9:55
USER ID : CS4566    MODIFY
CAPS ID : 00001229    00    NAME: HARRIS, MELISSA
PROVIDER NUMBER : 0001048    001    REYNOLDS MARY
      ADDRESS : 1311 BIG HORN RD
CITY/STATE/ZIP : HELENA                                MT 59602 7612    PHONE:
FOREIGN ADDRESS :
COUNTRY :                                CANADIAN PROVINCE:
PLACEMENT DATE : 01/01/2011                                FINALIZATION DATE: 01/01/2011
PARENT1 - REL BEFORE ADOPT: MAA MATERNAL AUNT                                FOSTER PRT: Y SINGLE PRT: Y
PARENT2 - REL BEFORE ADOPT:                                FOSTER PRT:
LGL RISK AGREE: N DT:                                RSN:
PLACE AGREE : Y DT: 12/15/2010
SPECIAL NEEDS (Y/N): Y PRIMARY BASIS SPECIAL NEEDS: 4 MEDICAL CONDITIONS OR M
COMMENTS:

EXIT DATE: 99/99/9999    EXIT REASON:
-----HISTORICAL DATA FOR THIS ADOPTION-----
NBR OF SIBLINGS :                                SUBSIDY REQUESTED: Y    04/05/2011
NBR IN ADOPT SYS :                                SUBSIDY APPROVED : A    04/08/2011
DISSOLUTION DATE :                                SUBSIDY INITIATED: N

                                           PATH:
```

CLID - Client Detail

This screen is used to display, add or modify detailed information about a specific client. This screen is required before any placements and services can be entered for the client. Required fields include CLNT CATEGORY, FINANCIAL CNTY, BIRTH DATE, ETHNICITY, and HSPNC ORGN. BIRTHMOTHER MARRIED AT TIME OF BIRTH, and PREVIOUSLY ADOPTED are also required for client category of CH (Child). Most of the information on this screen is display only, and is defaulted in from other screens.

CAFSCLID	CLIENT DETAIL		04/07/2010	10:57
USER ID : CS4566	MODIFY			
CAPS ID : 00002112	25	NAME: COLBERT, DAWNNA		
ADDRESS LINE1 : 204 POWELL		OPEN FOR SERVICE (Y/N) : Y		
ADDRESS LINE2 :		EFFECTIVE DATE : 01/02/1998		
CITY : HELENA		CLOSURE DATE : 99/99/9999		
STATE/ ZIP : MT 59624 - 0778		CLNT CATEGORY : CH CHILD		
TELEPHONE : 406 442-3469		FINANCIAL CNTY: 25 LEWIS & CLARK		
WHOSE ADDRESS : PLP PLACEMENT PROVID		PLACEMENT TYPE: OUT OF HOME CARE		
HEIGHT : 4 8	WEIGHT : 105	EMERGENCY CONTACT PHONE: 406 443-6500		
HAIR : BRN BROWN		NAME : MARY REYNOLDS (AUNT)		
EYES : HZL HAZEL		BIRTHMOTHER MARRIED AT TIME OF BIRTH: Y		
BIRTH DATE : 08/10/1998	AGE : 11	PREVIOUSLY ADOPTED : N AGE :		
ETHNICITY : CA		PREGNANT - DUE DATE:		
HSPNC ORGN : N		SPECIAL NEEDS : Y NUMBER SIBLINGS: 1		
RELIGION : LUT LUTHERAN		SSN : 158-80-9866		
CITIZENSHIP: US U.S. CITIZEN		EXPECT TO GRAD. BY AGE 19:		
SCHOOL NAME : FOUR GEORGIANS ELEM				
CONTACT NAME : GEORGE GLOBE				
PHONE : 406 443-9510	DATE ENTERED 08/31/04 - LEFT 99/99/99	GRADE : K		
PATH:				

CPHL - Client Placement History List

This screen displays, in reverse chronological order, a history of all placements a client has been in. These placements could be foster care, adoption, guardianship, juvenile detention or juvenile corrections.

```
CAFSCPHL          CLIENT PLACEMENT HISTORY LIST          08/19/2005  13:59
USER ID : CS4566                                     PAGE NO: 001
CAPS ID : 00002117      00      NAME: HARRIS, MELISSA

TO SELECT  ENTER I=INQUIRE, M=MODIFY                TO ADD=F11 + FASTPATH
                                                    EXIT
S  TYPE  FACILITY  FACILITY / PERSON NAME  START DATE  END DATE  RSN
-  FCARE 0007109 001 MAHONEY SEAN AND SUSANNE 08/01/2005 99/99/9999
-  FCARE 0005018 001 REYNOLDS CURT AND MARY  01/01/2003 08/01/2005  MOV

                                                    PATH: █
```

CREI - CPS Removal Eligibility Information

This screen is used to record the legal information regarding a court ordered or non-court ordered removal. Information includes contrary to welfare language, reasonable efforts and parental or youth agreement details.

CAFSCREI	CPS REMOVAL ELIGIBILITY INFORMATION	11/29/2007	13:41
USER ID: C7TR15	MODIFY	PAGE NO: 001	
CAPS ID: 00001073	00	NAME: SOUTHWICK, TOMMY	
		EFFECTIVE DATE: 11/01/2007	
		END DATE: 99/99/9999	
LEGAL INFORMATION			
DOES THE INITIAL COURT ORDER SANCTION THE REMOVAL OF THE CHILD FROM THE HOME?			
(CHECK WITH "Y" OR "N")			
Y	1) CONTAINS THE CONTRARY TO WELFARE LANGUAGE		
	COURT ORDER EFFECTIVE DATE: 11/01/2007		
WERE REASONABLE EFFORT REQUIREMENTS MET WITHIN 60 DAYS OF REMOVAL?			
(CHECK THE OPTION THAT APPLIES WITH "Y" OR "N")			
Y	2A) REASONABLE EFFORTS HAVE BEEN MADE TO PREVENT REMOVAL		
	COURT ORDER EFFECTIVE DATE: 11/15/2007		
	2B) NO REASONABLE EFFORTS WERE REQUIRED		
	COURT ORDER EFFECTIVE DATE:		
OR			
VOLUNTARY INFORMATION			
	1) THERE IS A -		
	START DATE:	EXPIRATION DATE:	
F11=ADD			
FS900018 UPDATE SUCCESSFUL		. PATH: ■	

CRTL - Court List

This screen displays, in reverse chronological order, a history of court reasons related to a specific client. The effective dates of each court order will display on the list.

```
CAFSCRTL                COURT LIST                07/06/2007    10:38
USER ID : CS4566                PAGE NO: 001
CAPS ID : 00001300    25    NAME: KOCH, MELISSA

TO DISPLAY, ENTER X: X ACTIVE ONLY _ ACTIVE AND DELETED F11, ENTER TYPE:
START FROM:                COURT REASON:
TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE                EFFECTIVE DATES
SEL TYPE HEAR/FILE DT    REASON    DISPOSITION    STS    FROM    TO
-   MNE    07/06/2007
-   CTO    06/03/2007    TPR                MRT FRT    A    07/01/2007    99/99/9999
-   PET    10/01/2006    PLC                PLC    A    10/01/2006    99/99/9999
-   PET    06/01/2006    GSP                GSP    A    06/01/2006    12/31/2006
-   PET    01/05/2006    TIA    TLC    TIA    TLC    A    01/01/2006    06/30/2006

PATH: █
```

CRTD - Court Detail

This screen displays the details of specific court reasons that involve a specific client. Information entered on the screen contains details regarding court orders, petitions, motions/requests, court ordered treatment plans, orders scheduling a hearing and minute note entries.

CAFSCRTD	COURT DETAIL	05/19/2008	13:26
USER ID : CS4566	MODIFY		
CAPS ID : 00001300	00	NAME: KOCH, MELISSA	
		LAST UPDATED: 01/31/2008 BY:	
CAUSE NUMBER	: 01182006MH		
TYPE OF COURT DOCUMENT:	CTO	EFFECTIVE DATES OF COURT ORDER	
COURT REASON	: EPS TIA TLC	FROM : 01/01/2008 TO : 06/30/2008	
HEARING/FILING DATE	: 01/05/2008		
ADJUDICATION DATE	: 01/05/2008	NEXT HEARING DATE : 06/30/2008	
COURT DISPOSITION	: EPS TIA TLC		
DATE ORDER RECEIVED	: 02/02/2008		
COURT JURISDICTION	: D01253		
TRIBAL NOTIFICATION	:		
COUNTY ATTORNEY ID	:		
GUARD AD LITEM ID(1):			
GUARD AD LITEM ID(2):			
JUVENILE OFFICER ID	:		
COMMITMENT TYPE	: DOC COMMITMENT END DATE:		
COMMENTS: COMMENTS MUST BE ENTERED IN ORDER TO DELETE A COURT RECORD FROM THE CRTL SCREEN.			
PATH:			

This screen displays, in reverse chronological order, school history information, including special education details, related to a specific client. Requests for education records can be generated from this screen using the Document Generation (DOCGEN) procedure.

Centralized Intake Training – Inquiry Screens IS-9

EMPL - Employment History

This screen displays, in reverse chronological order, a history of employment for a specific person in the system. Provider information is automatically updated by the system when a licensing worker enters the person on PRPD (Provider Person Detail).

CAFSEMP	EMPLOYMENT HISTORY	08/04/2005	14:26
USER ID : CS4566	MODIFY	PAGE NO: 1	
CAPS ID : 00002104	25	NAME: ABBOTT, BILLY	

TO SELECT, A=ADD, M=MODIFY OR D=DELETE
SEL

PROVIDER NUMBER :	
NAME : HOME DEPOT	PHONE: 406 443-9832
ADDR1: 2401 SKYWAY DRIVE	START DATE: 01/15/2005
ADDR2:	END DATE: 99/99/9999
CITY : HELENA	STATE: MT ZIP CODE: 59602 -
OCC: LUMBER YARD	
INCOME:	STATUS: FT FULL-TIME
HOURS PER MONTH:	

PROVIDER NUMBER :	
NAME :	PHONE:
ADDR1:	START DATE:
ADDR2:	END DATE:
CITY :	STATE: ZIP CODE: -
OCC:	
INCOME:	STATUS:
HOURS PER MONTH:	

PATH: █

EVEL - Event List

This screen displays, in reverse chronological order, a history of events that have taken place on behalf of a specific client. For events that show two dates, the date on the first line is the date the action took place; the date on the second line is the date the worker used on the screen.

CAFSEVEL	EVENT LIST		08/04/2005	14:53
USER ID : CS4566			PAGE: 1	
CAPS ID : 00002084	25	NAME: FURST, EVE		
START FROM:		EVENT CODE:		
DATE	EVENT CODE	SUB CODE	SCREEN NAME	DESCRIPTION:
06/07/2000	SRV	CNT	CNTD	
A CHV CONTACT WAS MADE ON 06/07/2000 STATUS WAS AT				
06/07/2000	RNR	REC	RRD1	
0001023 WAS RECEIVED ON 06/07/2000				
06/07/2000	SRV	CNT	CNTD	
A CHV CONTACT WAS MADE ON 06/07/2000 STATUS WAS AT				
12/22/1997	SRV	APA	APPD	
APPLICATION TO 0006138001 WAS ACCEPTED ON 12/22/1995 FOR THE SERVICE ADOPTIO				
12/22/1997	SRV	APS	APPD	
APPLICATION TO 0006138001 HAS BEEN SUBMITTED FOR THE SERVICE				
12/21/1997	SRV	APS	APPD	
APPLICATION TO 0007001001 HAS BEEN SUBMITTED FOR THE SERVICE				
12/20/1997	PLC	ENT	PLAD	
PLACEMENT BEGAN ON 12/20/1995 AT 0005005001 JONES				
				PATH: ■

FALL - Facility Approval/Licensing List

This screen displays a history of all license types related to a specific facility. Facilities may be licensed for multiple types of licenses during the same time period. Renewal information for a license will not display until the renewal has been approved. A facility with a PRO (Provisional) license type cannot be paid with IVE funds.

CAFSFALL		FACILITY APPROVAL/LICENSING LIST					02/20/2008		10:51		
USER ID :		CS4566					PAGE NO: 001				
PROV NO :		0007148 002			PROV NAME: INTERMOUNTAIN						
					FACIL NAME: BRIDGER COTTAGE						
TO SELECT, ENTER I=INQUIRE, M=MODIFY, START FROM:											
D=DELETE, C=COPY OR S=SELECT FACILITY TYPES:											
FAC STATUS											
SEL	TYP	CUR	PREV	APRV	APPLICATN	ISSUED	EXPIRATION	RENEWAL	TERMINATION		
—	TGH	REG		Y	12/01/88	03/07/03	01/31/09	02/01/08			
—	TGH	TRM /	REG	Y	12/01/88	02/01/03	01/31/04		03/06/03		
—	TGH	REG		Y	12/01/88	02/01/02	01/31/03				
—	TGH	REG		Y	12/01/88	02/01/01	01/31/02				
—	TGH	REG		Y	12/01/88	02/01/00	01/31/01				
—	TGH	REG		Y	12/01/88	02/01/99	01/31/00				
—	TGH	REG		Y	12/01/88	02/01/95	01/31/99	02/01/98			
PATH:											

FALD - Facility Approval/Licensing Detail

This screen is used to display, modify or add the details related to a specific license for a facility. License approvals, denials, terminations and renewals are also entered on this screen.

```
CAFSFALD          FACILITY APPROVAL/LICENSING DETAIL    02/26/2007    17:09
USER ID : CB4142   MODIFY
PROV NO : 0007109  001          PROV NAME: MAHONEY SEAN AND SUSANNE

LICENSE NAME      : MAHONEY SEAN AND SUSANNE
LICENSE TYPE      : YFH  YOUTH FOSTER HO      ORIENTATION COMPLETE: N
APPROVAL STATUS   : REG  REGULAR              FAIR HEARING STATUS :
APPLICATION DATE  : 09/01/1997              KINSHIP INT OR NIN DATE:
ISSUANCE DATE     : 09/30/1997              FIRE SAFETY DATE      : 09/01/2006
MAX CAPACITY(M/F):  6 /  6  TOTAL:  6      FIRE INS. EXP. DATE :
LICENSED FOR AGES:  0 -                    LIAB INS. EXP. DATE :
RENEWAL DATE      : 09/30/2006              CRIMINAL CHECK : Y    PROT SERV CHECK: Y
EXPIRATION DATE   : 09/29/2007              DFS33 SENT DATES: 09/01/2006
NEXT REVIEW DATE  : 08/01/2007              DFS33 RECEIVED : Y    DFS33A RECEIVED:
DENIAL DATE :                                         REF LETTERS SENT: 06/22/1996  06/22/1996
REASON:                                         RECEIVED DATE   : 06/27/1996  06/30/1996
TERMNTN DATE:                                         07/01/1996  07/11/1996
REASON:                                         NATIVE AMER PREF:
LICENSED FOR: 1 M, 6-9Y0A, OR 1 F, 6-13Y0A
----- APPROVALS -----
WORKER: CB4142   APPR: Y   SUPERVISOR: A   BY: CB4142   DATE: 02/26/2007
APPROVAL REQUIRED : N   R.A.   :   BY:   DATE:
SHFT+F10=RENEWAL

                                           PATH: █
```

This screen is used to enter guardianship placement details for a specific client. This screen cannot be updated until the appropriate court disposition and foster care placement closure reason have been entered. The guardianship provider must also have an approved guardianship license.

Centralized Intake Training – *Inquiry Screens* IS-14

IARL - Initial Assessment and Review List

This screen displays, in reverse chronological order, a history of assessments and reviews that have been completed for a specific client.

```
CAFSIARL          INITIAL ASSESSMENT AND REVIEW LIST      08/04/2005   15:15
USER ID : CS4566                                     PAGE NO:   1
CAPS ID : 00002107   25      NAME: ABBOTT, DAWNNA

TO DISPLAY, ENTER X: X  ACTIVE ONLY   _  ACTIVE AND INACTIVE
START FROM:                                     REVIEW TYPE:
TO SELECT, ENTER I=INQUIRE OR M=MODIFY - IF F11(ADD), ENTER TYPE:
OR D=DELETE                                     APRV          RVW
SEL      DATE      TYP      DESCRIPTION          STAT      NEXT REVIEW      STAT
_      08/01/2005   INA      INITIAL REVIEW/ASSES      A

```

PATH: █

IARD - Initial Assessment and Review Detail

This screen is used to enter the details related to an assessment or review performed on a specific client. Some review information is automatically generated by the system. This screen is also used when closing a client's case. This screen should be updated with a PGR (Progress Review) if the permanency goals change, prior to running the D427 Foster Care Review.

```
CAFSIARD          INITIAL ASSESSMENT AND REVIEW DETAIL      08/04/2005   15:17
USER ID : CS4566    INQUIRE
CAPS ID : 00002107   25    NAME: ABBOTT, DAWNNA

ASSESSMENT/REVIEW TYPE: INA  INITIAL REVIEW/ASSES
ASSESSMENT/REVIEW DATE: 08/01/2005
PERMANENCY GOAL A    : RTH  REUNIFICATION
DATE PERMANENCY GOAL A ESTABLISHED: 08/01/2005
PERMANENCY GOAL B    : PLA  PLANNED PERMANENT LIVING ARRANGEMENT
DATE PERMANENCY GOAL B ESTABLISHED: 08/01/2005
NEXT REVIEW          :

CLOSURE DATE        :          CLOSURE TYPE:
COMMENTS:

* * * * *
ENTERED BY:
APPROVAL: A    BY: CS4566    DATE APPROVED: 08/04/2005    APPROVER'S COMMENTS:

                                PATH:
```


ICPL – Interstate Compact List

This screen displays, in reverse chronological order, a history of all interstate compact requests for a specific client.

```
CAFSICPL          INTERSTATE COMPACT LIST          05/29/2007   11:30
USER ID : C84142          PAGE NO: 001
CAPS ID : 00002085      25   NAME: WASHINGTON, ABLE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, D=DELETE

      REQUEST              RECV    MT  INIT  APRV
SEL   DATE              STATE  CNTY  RPT   CD
_   05/29/2007   HARRISON THOMAS    CO          RHS

                                                                    PATH: █
```

ICPD - Interstate Compact Detail

This screen is used to enter interstate compact request information for a specific client when the worker is requesting to place the child in an out-of-state placement. If the request is from another state for placement in Montana, Central Office will complete this screen.

```
CAFSICPD          INTERSTATE COMPACT DETAIL          05/29/2007  11:30
USER ID : CB4142   MODIFY
CAPS ID : 00002085   25   NAME: WASHINGTON, ABLE
PLCMT INITIATOR: PUB   PUBLIC AGENCY
SENDING STATE : MT   MONTANA          COUNTY IF MT: 25   OR CA:
RECEIVING STATE: CO   COLORADO        COUNTY IF MT: 00   OR CA:
PLANNING: CAPS ID: 00002087   OR PROV:          000
FINANCIAL RSP: CAPS ID: 00002087   OR PROV:          000
PLCMT PROV: 0005012 000   OR PERSON:          NAME: HARRISON THOMAS
      ADDRESS: 6010 MILE HIGH AVE
      CITY, ST ZIP: DENVER          CO 85651 -          PHONE:
TYPE OF CARE: REL          IF REL OR OTHER: MATERNAL UNCLE
IV-E (Y/N): N          IF ADOPTION, SS/RS:
FINANCIAL PLAN: FCP          IF FCP, DAILY AMT: $ 18.49
MEDICAL PLAN : ELG          ICPC LEGAL STATUS : SAC
SERVICES REQUESTED:
      INITIAL REPORT : RHS          SUPERVISORY SERVICES: RSA
      SUPERVISORY REPORTS: 0          IF OTHER: MONTHLY
RS SUPRV AGENCY: COLORADO DEPARTMENT OF CHILDREN SERVICES
ENCLOSED: CO HS OT SH          OTHER: EDUCATION AND MEDICAL RECORDS
SENDING AGENCY: LEWIS AND CLARK COUNTY CHILD AND FAMILY SERVICES
DATE OF REQUEST: 05/29/2007

PATH: █
```

ICAD - Interstate Compact Action Detail

This screen displays the Interstate Compact response information for a specific client. Central Office staff will complete the approval/denial portion of the screen. Details such as placement request withdrawn, placement date, progress report received date and compact termination reason can be entered by the worker.

CAFSICAD	INTERSTATE COMPACT ACTION DETAIL	12/18/2007	10:43
USER ID : CB4142	MODIFY		
CAPS ID : 00002085	00	NAME: WASHINGTON, ABLE	
REQUEST RECV DT: 11/01/2007	SENT DT: 11/10/2007	RESPONSE RECV DT: 12/18/2007	
APPROVAL/DENIAL: A		DATE: 12/18/2007	
APPROVAL NAME : KANDICE MORSE			
REMARKS:			
PLACEMENT REQUEST WITHDRAWN:		DATE:	
PLACEMENT DATE:		PROGRESS RPT RCVD DT:	
COMPACT TERMINATION REASON:		DATE:	
IF LC, NAME:		REL:	
IF AF, SS OR RS:			
OTHER:			
PERSON SUPPLYING INFO: CB4142	PAULA HOLLING		
COMMENTS:			
		PATH:	

ICWD - ICWA Detail

This screen is used to display, modify or add detailed information on a specific Alaskan Native or American Indian child required for the Indian Child Welfare Act.

```
CAFSICWD                ICWA DETAIL                08/04/2005    15:22
USER ID : CS4566        MODIFY
CAPS ID : 00002107      25      NAME: ABBOTT, DAWNNA

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

SEL  TRIB  TRIBE NAME      TRIBAL  ENROLLMENT  VERIF.SENT  TRIBAL
---  ---  -----  ---  ---  ---  ---
    CC  CHIPPEWA CREE      ENR    CCMT10237    08/04/2005    DEN
-
-
-
-

LEGAL DOMICILE : ND      NOTIFY MOTHER : Y
                        FATHER : Y

COMMENTS :
:

PATH: █
```

MEDS - Medical Summary

This screen is used to record basic health care and medical insurance information for a specific client. Immunization records and health information records can be requested from this screen through the document generation process.

CAFSMEDS	MEDICAL SUMMARY	11/26/2007	14:32
USER ID : CS4566	MODIFY		
CAPS ID : 00002084	25	NAME: FURST, EVE	
HEIGHT: 5 4	WEIGHT: 120	DISTINGUISHING FEATURES : Y	
HAIR : BRN	BROWN	MEDICAL/MENTAL DETAIL (MMHD) : N	
EYES : BLU	BLUE	PRESCRIPTION MEDICATION (MDTD) : N	
BLOOD TYPE: B+	ALLERGIES: N	MRM : N	MEDICAL CASE MGMT : N
PREGNANT - DUE :			
PRIMARY PHYSICIAN: MARY REYNOLDS			
DATE OF LAST EPSDT SCREEN :			
IMMUNIZATION RECORD REQUESTED :		PROVIDED :	
HEALTH INFORMATION REQUESTED :		PROVIDED :	
----- PAGE NO: 001			
HEALTH CARE COVERAGE : 973	AMERICAN TRAVELERS LIFE		
POLICY NUMBER : 1234567890	GROUP CERTIFICATION #: 12345678901		
POLICY HOLDER CAPS-ID: 00002086	POLICY HOLDER SSN: 001-01-0001		
NAME (L,F,M): WASHINGTON	GEORGE		
ISSUED DATE: 01/01/2007	END DATE: 12/31/2007	VERIFIED DATE: 03/10/2007	
SHFT+F10=ADD ADDITIONAL INSURANCE			
PATH:			

MIHL – Medicaid Issuance History List

The MIHL screen displays the CHIMES ID and Medicaid issuance that is received from the CHIMES system. If the client received any Medicaid issuance on CHIMES a “Year” will display and the “Month” will be set to a “Y”. Medicaid issuance information will interface until the client’s 21st birthday and the screen will only display up to 10 years of issuance history.

CAFSMIHL	MEDICAID ISSUANCE HISTORY LIST										10/07/2009	16:02	
USER ID	:	CS4566											
CAPS ID	:	00398495	00	NAME: BRADFORD, ALEX M									
CHIMES ID	:	1502953											
Y INDICATES MEDICAID ISSUANCE FOR THE MONTH													
YEAR	MONTH												
	01	02	03	04	05	06	07	08	09	10	11	12	
2009	Y	Y	Y	Y	Y	Y	Y	Y	Y				
2008											Y	Y	
PATH:													

This screen is used to display, add or modify all medical and mental health contacts, procedures and diagnoses for a specific client. Workers can also associate prescribed medications/treatment by entering a “Y” in the RX/TX field – this will access the MDTD (Medication/Treatment Detail) screen.

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This screen is used to display, add or modify medication and/or treatment information for a specific client. Workers can enter the name of the prescription/treatment and the prescription/treatment start and end dates. Details can be associated with medical details on the MMHD (Medical/Mental Health Detail) screen or entered as separate details.

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PADL - Provider/Facility Address List

This screen displays, in reverse chronological order, a history of addresses associated to a specific provider or facility. If a “Y” is displayed in the DIR column, directions have been added on the provider address detail.

```
CAFSPADL          PROVIDER/FACILITY ADDRESS LIST          08/04/2005   15:37
USER ID : CS4566                                     PAGE NO:    1
PROV NO : 0001001  001      PROV NAME: YOUTH FOSTER HOME
                                FACIL NAME: MARY FOSTER HOME

TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
START
SEL   DATE      TYP ACT   STREET ADDRESS          CITY/TOWN      ST  LOC  DIR
-    02/10/2000 R   Y    2402 COLONIAL DR        HELENA         MT  001   N
-    12/01/1999 R   N    14 CLOVER VIEW DR        HELENA         MT  001   N
-    01/01/1999 R   N    3075 N MONTANA AVE       HELENA         MT  001   N

PATH: █
```

PADD - Provider/Facility Address Detail

This screen is used to display, add or modify address information for a specific provider or facility. An address type is used to define each address. Contact and Director information is defaulted from the FACD (Facility Detail) screen. Directions may also be added for residential addresses. FINALIST - Post office verification software, will verify all addresses. The screen will display the date and name of the worker that last updated the screen.

```
CAFSPADD          PROVIDER/FACILITY ADDRESS DETAIL      08/04/2005   15:37
USER ID : CS4566   MODIFY
PROV NO : 0001001  001   PROV NAME: YOUTH FOSTER HOME
                        FACIL NAME: MARY FOSTER HOME
                        LAST UPDT: 07/23/2001 BY: C84142  HOLLING, PAULA
CONTACT NAME : 00022511 STRATMAN, STACEY A
DIRECTOR NAME : 00129678 DAVIS, MICHELLE A

ADDRESS TYPE : R  RESIDENCE (PHYSICAL)
ADDRESS 1 : 2402 COLONIAL DR
ADDRESS 2 :
CITY : HELENA
STATE/ZIP : MT 59601 -
COUNTY : 25 LEWIS & CLARK
FOREIGN ADDR :
COUNTRY : CANADIAN PROVINCE:
TELEPHONE :
START DATE : 02/10/2000   END DATE : 99/99/9999

DIRECTIONS :
:
:

PATH:
```

PASL - Provider Active Services List

This screen displays a list of clients that a specific provider/facility is currently providing services to. Information displayed includes the client's CAPS ID, the number of services being provided by the facility, and the name/phone number of the client's assigned worker. Workers can select a specific client to access the SERL (Services List) screen to identify the services that are being provided.

```
CAFSPASL          PROVIDER ACTIVE SERVICES LIST          08/15/2005   16:40
USER ID : CS4566                                     PAGE NO: 1
PROV NO : 0001001  001          PROV NAME: YOUTH FOSTER HOME
                                FACIL NAME: MARY FOSTER HOME

TO SELECT, ENTER S=SELECT

SEL   CAPS          # OF          WORKER
CD    ID    NAME    SRVCS    NAME    PHONE
--    --    --    --    --    --
--    00001002  HOLLING, KYLE          1  WORKER, SOCIAL    443-8638
--    00001003  LAST NAME, FIRST NAM    2  OFFICER, PROBATION  443-4444
--    00001005  TRUST, JOE          1  WORKER, SOCIAL    443-8638
--    00001006  TRUST, JOHN          2  WORKER, SOCIAL    443-8638
--    00001011  GRIMMIS, BILL          1  WORKER, SOCIAL    443-8638
--    00001012  JUVENILE, JOE          1  OFFICERTWO, PROBATION
--    00001013  JUVENILE, ANN          1  OFFICERTWO, PROBATION
--    00001015  JUVENILE, MIKE          1  OFFICERONE, PROBATION
--    00001016  KID, PROBATION          1  OFFICERONE, PROBATION
--    00001018  PAROLE, KID          1  OFFICER, PAROLE
--    00001019  XX, A          2  WORKER, SOCIAL
--    00001035  CURTIS, CHUCK          1  WORKER, SOCIAL    443-8638
--    00001036  DILLON, DAVID          1  WORKER, SOCIAL    443-8638

                                PATH:
```

PIGD – Provider Information (General) Detail

This screen displays general information about a specific provider/facility and is accessible by all CAPS workers. Information displayed includes the provider/facility name and address, if the provider is IV-E eligible, and a contact person for the facility. Also displayed will be the facilities current license status, the assigned licensing worker for each license type, and the services associated with each license type. Services highlighted in pink are not associated with any specific license type.

CAFSPIGD	PROVIDER INFORMATION (GENERAL) DETAIL		08/15/2005 16:55
USER ID: C84142			PAGE: 001
PROV NO: 0007109 001	PROV NAME: MAHONEY SEAN AND SUSANNE		
FACIL NAME: MAHONEY SEAN AND SUSANNE	ABRV NAME: MAHONEY		
ADDRESS	LINE1: 1045 N MONTANA AVE	PHONE #: 406 442-1155	
	LINE2:		
	CITY : HELENA	STATE: MT	ZIP: 59601 3575
PROVIDER CONTACT NAME: MAHONEY, SUSANNE	IVE-ELIGIBLE: Y		
ACTIVE LICENSES	STS	ASSIGNED WORKER	AVAILABLE SERVICES
			SCALL CLOTHING ALLOWANCE
			SDALL DIAPER ALLOWANCE
			SRESP RESPITE
YFH YOUTH FOSTER H	REG C84142	HOLLING, PAULA	PFRS1 FOSTER FAMILY CARE -
			STRNS TRANSPORTATION
HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE			
			PATH: █

PLAD - Placement Detail

This screen is used to display, add or modify foster care placement information for a specific client. In order to add a placement, a removal service must first be entered on the SERN (Services Detail: Non-Payable) screen. The “child in placement due to” flag and associated provider license information is also required on all foster care placements.

```
CAFSPLAD          PLACEMENT DETAIL          09/28/2009    13:26
USER ID : C74142SW  MODIFY
CAPS ID : 00001005   00   NAME: TRUST, JOE

PROVIDER/FACILITY : 0001065 001  BRAND NEW FOSTER HOME
ADDRESS: 2401 COLONIAL DR
        HELENA                MT  59601 - 4980        PHONE: 406 443-1005

PERMANENCY GOAL:  GSP GUARDIANSHIP

PLACE START DATE: 10/01/2006
PLACE EXIT DATE  : 09/28/2009

                                CHILD IN PLCMT DUE TO PARENTAL OR
                                CARETAKER DRUG USE FROM WHERE CHILD
                                WAS REMOVED: Y DRUGS: ALC

                                LIC TYPE: YFH STS: REG

PROX TO HOME   (Y/N): Y    PROX CMT:
PROX TO SCHOOL(Y/N): Y    PROX CMT:
COMMENTS:

PLC CHANGE/DISCHARGE?: D   EXIT REASON : RTH RETURN TO HOME REMOVED FROM
PLACEMENT STATUS CD: AT ACTIVE PLACEM START DT: 10/01/2006 END DT: 09/28/2009
PLACING WORKER ID: C74142SW WORKER, SOCIAL
SHIFT + F1=PLSH

                                PATH:
```

PLSH – Placement Status History

This screen is used to record placement status changes for a client during the course of a placement. Valid placement status codes are AT (Active Placement), ET (Extended Trial Home Visit), MH (Hospital for Medical Processes), PA (Pre-Adoptive Placement), PH (Hospital for Acute Psychiatric Care), RN (Runaway) and TH (Trial Home Visit). PLSH can be accessed from PLAD or from any other screen by typing PLSH in the PATH. If accessed from PLAD, PLSH will only display the placement status history for the placement on PLAD. If accessed from any other screen, PLSH will display the placement status history for all placements for the client.

```
CAFSPLSH                PLACEMENT STATUS HISTORY                08/19/2005   14:03
USER ID : CS4566        MODIFY                                PAGE NO:   1
CAPS ID : 00002117      00    NAME: HARRIS, MELISSA

DISPLAY - CURRENT PLACEMENT: X OR ALL PLACEMENTS:

TO SELECT, ENTER M=MODIFY OR D=DELETE

SEL STS DESCRIPTION      PROVIDER   NAME          START DATE   END DATE
-  PH  HOSPITAL FOR ACUTE P 0007109 001 MAHONEY SEAN AN 08/10/2005 99/99/9999
   AT  ACTIVE PLACEMENT    0007109 001 MAHONEY SEAN AN 08/06/2005 08/10/2005
   RN  RUNAWAY              0007109 001 MAHONEY SEAN AN 08/05/2005 08/06/2005
   AT  ACTIVE PLACEMENT    0007109 001 MAHONEY SEAN AN 08/01/2005 08/05/2005

                                                                    PATH: █
```

PRPL - Provider Person List

This screen displays a history of all individuals that have been associated to a specific provider/facility. The screen will show the relationship of the person to the facility, criminal and protective services history information and affiliation end date. The worker can select a specific person to access additional details about that person.

```
CAFSRPL          PROVIDER PERSON LIST          08/15/2005   16:57
USER ID : C84142          PAGE NO: 001
PROV NO : 0007109  001    PROV NAME: MAHONEY SEAN AND SUSANNE
                           FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, S=SELECT, OR D=DELETE
                        LIC
SEL CAPS-ID NO  RLT  LAST, FIRST, M.I.      33  33A  CRC  PSC  AFFILIATION
                        END DATE
-   00010946 001 DIR  MAHONEY, SEAN          Y      NCH  YPS  99/99/9999
-   00010945 002 CNT  MAHONEY, SUSANNE       Y      NCH  YPS  99/99/9999

                                           PATH:
```

PRPD - Provider Person Detail

This screen is used to display, add or modify detailed information about an individual who is part of an adoptive or foster family or who is an employee of a specific provider/facility.

CAFSRPD	PROVIDER PERSON DETAIL	08/15/2005	16:57
USER ID : C84142	MODIFY		
PROV NO : 0007109	001	PROV NAME: MAHONEY SEAN AND SUSANNE	
CCUBS PROV NO :		FACIL NAME: MAHONEY SEAN AND SUSANNE	
CAPS ID : 00010945		START DATE : 06/01/1997	
LICENSEE NO : 002		END DATE : 99/99/9999	
RLNSHP : CNT	CONTACT	DFS33 HLTH STMT REC: 07/06/1996	
FIRST NAME : SUSANNE		TB : N	IMMUNIZATION : N
MIDDLE NAME :		DFS33A SENT :	
LAST NAME : MAHONEY		REC :	
SSN : 516-70-4119		CRIMINAL CHECK REC : 07/12/1996	NCH
BIRTH DATE : 05/24/1956		PROT SERV CHECK REC: 06/22/1996	YPS
BIRTHPLACE : CONRAD		MARITAL STATUS: MA	MARRIED
ETHNICITY : CA	WHITE/CAUCASIAN	DATE : 08/03/1976	
RELIGION : MET	METHODIST	PLACE:	
SEX : F	FEMALE	MAIDEN NM :	
LAST GRADE COMPLETED : 12		PREVIOUS MARRIAGE :	
CCUBS PERSON ID :		NAME:	
EMPLOYER NAME: STATE OF MONTANA			
PHONE : 406 444-2700	INCOME:	STATUS: FT	FULL-TIME
		PATH:	

PRPH - Provider Placement History

This screen displays, in reverse chronological order, a history of all clients that are currently placed or that have been placed with a specific provider/facility. The screen will display the type of placement, the CAPS ID, name, sex and date of birth of the client, the placement start and end dates, and the worker ID of the placing worker.

CAFSPRPH		PROVIDER PLACEMENT HISTORY				02/20/2008		11:31	
USER ID : CS4566		PAGE NO: 001							
PROV NO : 0007109 001		PROV NAME: MAHONEY SEAN AND SUSANNE							
		FACIL NAME: MAHONEY SEAN AND SUSANNE							
PLC									
CD	CAPS ID	NAME	SEX	AGE	-LICENSE- TYPE STS	-PLACE DATES- START END		PLC STS	ASSIGNE WORKER
F	00002081	HARTLEY, JESSICA	F	12	YFH REG	02/19/08 99/99/99		AT	CS4566
F	00002084	FURST, EVE	F	21	YFH REG	12/20/97 99/99/99		AT	C86100
F	00002092	TRYNON, MARY		21		11/02/97 99/99/99		AT	C86100
F	00002090	TRYNON, NEALL	M	26		11/02/97 99/99/99		AT	C86100
PATH:									

RELL - Relationship List

This screen displays a list of persons who are associated with the primary person at the top of the screen and describe their relationship to that person. The CAPS ID of the persons on the list will also be displayed.

```
CAFSRELL                                RELATIONSHIP LIST                                08/15/2005    15:38
USER ID : CS4566    MODIFY                                PAGE NO:    1
CAPS ID : 00002084    25    NAME: FURST, EVE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, C=COPY OR D=DELETE

REL                                     --INDICATORS--
SEL TYP DESCRIPTION                     NAME                     HH PC LC FR SD CAPS ID
- SFR STEP FATHER                     WASHINGTON, GEORGE      N  N  N
- BRO BROTHER                         FURST, ADAM            N  N  N
- STB STEP BROTHER - MARR WASHINGTON, CAIN      N  N  N
- BMR BIRTH MOTHER                     WASHINGTON, MARTHA      N  N  N
- STB STEP BROTHER - MARR WASHINGTON, ABLE      N  N  N
                                     00002086
                                     00002089
                                     00002088
                                     00002087
                                     00002085

PATH: █
```

RELD - Relationship Detail

This screen is used to display, add or modify information about the relationship between the person being added and the primary person. Also displayed is physical and legal custody information and financial responsibility information.

```
CAFSRELD                                RELATIONSHIP DETAIL                08/15/2005    15:39
USER ID : CS4566    MODIFY
CAPS ID : 00002084    25    NAME: FURST, EVE

PRIMARY PERSON CAPS ID : 00002084 NAME    : FURST, EVE
                                ADDRESS: 1045 N MONTANA AVE
                                HELENA                MT 59601 - 3575
-----
PERSON ASSOC W/PRIMARY : 00002089 NAME    : FURST, ADAM
HOUSEHOLD IND (O/S)    : O    ADDRESS: 57 WOLF SONG DR
PHYSICAL CUSTODY       : N
LEGAL CUSTODY          : N    REXFORD                MT 59930 - 9517
FINANCIALLY RESPONSIBLE: N

RELATIONSHIP TYPE      : BRO  BROTHER
SECURED DESCRIPTION    :

COMMENTS :

SHFT+F12=FILL

                                PATH:
```

SERL - Services List

This screen displays, in reverse chronological order by service date, a history of all services (both paid and non-paid) provided to a specific client. Information displayed includes the service code and description, the facility providing the service and the approval status.

```
CAFSSERL                SERVICES LIST                11/29/2007    11:08
USER ID : C7TR15                PAGE NO: 001
CAPS ID : 00001073    00    NAME: SOUTHWICK, TOMMY

TO SELECT ENTER: I=INQUIRE, M=MODIFY, D=DELETE        TO ADD=F11 + FASTPATH
START FROM:                SERVICE CODE:

S RSN SERVC DESCRIPTION        FACILITY NAME    OPEN DATE    CLOSE DATE S A C    APPRU
_  FP SEMRM REMOVAL            COONEY'S FOSTER  01/01/2000  99/99/9999

PATH: █
```

SERN - Service Detail: Non-Payable

This screen is used to display, add or modify the details of all services provided to a specific client that were not paid through the CAPS system. By entering the services that were not paid through CAPS, workers are able to maintain a complete service history on the client.

```

CAFSSERN          SERVICE DETAIL: NON-PAYABLE          11/29/2007          11:29
USER ID  : C7TR15          MODIFY
CAPS ID  : 00001073          00          NAME: SOUTHWICK, TOMMY

SERVICE CODE: SEMRM          REMOVAL
PROVIDER      : 0001002  000          LEWIS AND CLARK CPS
OPEN DATE    : 01/01/2000
CLOSE DATE   : 99/99/9999

REASON FOR SERVICE: PT          OUT OF HOME PLACEMENT TO PROTE
REASON FOR REMOVAL (PRIMARY): PHA  OTHERS: PHN EMD

COMMENTS:

SHIFT+F1=MORE DETAIL

PATH: █

```

This screen is used to display, add, modify or delete information regarding a specific client's special needs and disabilities. A special need sub-code can be selected to further specify the selected code. For those special needs codes that require it, unless the "clinically diagnosed or documented" question can be answered with a "Y", that code cannot be added to the screen.

Centralized Intake Training – Inquiry Screens IS-38

SPTK - Supervisory Task List

This screen displays all supertasks given to individual workers in the state who are responsible for special functions not normally associated with a regular staff type. Workers can search by starting location or supertask code.

CAFSSPTK		SUPERVISORY TASK LIST			08/15/2005 17:17	
USER ID : CS4566					PAGE NO: 1	
		STARTING LOCATION:			OR SUPERTASK CODE: AKA	
LOC	SUPERTASK					STF
CODE	CD	DESCRIPTION	LVL	USER-ID	USER-NM	TYP
025	AKA	AKAD SCREEN SUPERTASK	P	C84142SM	SMN, SMN	SMN
025	AKA	AKAD SCREEN SUPERTASK	S	C74142SW	WORKER, SOCIAL	CWA
						PATH: